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PTO/\$B/21 (08-03) Approved for use through 07/31/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/896,374 Filing Date 6/28/2001 TRANSMITTAL First Named Inventor FORM Dimitris Achlioptas Group Art Unit 2191 (to be used for all correspondence after initial liling) Examiner Name **WEI Y ZHEN** Attorney Docket Number Total Number of Pages in This Submission MS1-699US .... -- --ENCLOSURES (check all that apply) M Fee Transmittal Form Drawing(s) After Allowance Communication Fee Attached to Group Licensing-related Papers Appeal Communication to Board Petition  $\boxtimes$ Amendment / Reply of Appeals and Interferences Petition to Convert to a After Final Appeal Communication to Group Provisional Application Affidavits/declaration(s) (Appeal Notice, Brief, Reply Brief) Power of Attorney, Revocation Proprietary Information Change of Correspondence Extension of Time Request Address Status Letter Express Abandonment Request Terminal Disclaimer Other Enclosure(s) (please Information Disclosure Statement identify below): Request for Refund **Certified Copy of Priority** CD, Number of CD(s) **Documents** Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1,52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Lance R. Sadler/Reg. No. 38805 Individual Name <u>Signature</u> July 20, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Cheryl Boles

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PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Fcas pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Complete if Known EE TRANSMITTAL Application Number 09/896,374 Filing Date 6/28/2001 For FY 2005 First Named Inventor Dimitris Achlioptas **Examiner Name WEIY ZHEN** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2191 TOTAL AMOUNT OF PAYMENT (\$) 0.00Attorney Docket No. -699US METHOD OF PAYMENT (check all that apply) Credit Card ( Check L Money Order None Other (please identify): Deposit Account Deposit Account Number: Lee & Hayes, PLLC Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Smail Entity Small Entity <u>Application Type</u> Fee (\$) Fee (\$) E00 (\$) Fee (\$) Fees Paid (\$) Fee\_(\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissucs, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 <u> Total Claims</u> Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee Paid (\$) <u>Feo (\$)</u> HP - highest number of total claims paid for, if greater than 20 Extra Claims Fge (\$) Foe Paid (5) -3 or HP ■ HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Extra Sheets Fee (\$) Fee Paid (\$) - 100 = / **50** = \_ (round up to a whole number) x 4. OTHER FEE(\$) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY

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## RESPONSE TO OFFICE ACTION DATED MAY 19, 2005

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